

STATE PERFORMANCE MEASURE	Data Year		Indicator	Objective	Objective met	
	03	04			Y	N
1. Percent of children less than 12 years of age who receive one physical exam a year.	X		72.6%	79.5%		N
2. Percent of women at risk of unintended pregnancies (as defined by Alan Guttmacher Institute) receiving family planning and related reproductive health services through publicly funded clinics.		X	38.3%	43.5%		N
3. Percent of women who use tobacco during pregnancy.	X		14.1%	15.6%	Y	
4. Percent of high school youth who self-report taking a drink in the past 30 days.		X	47.9%	45%		N
7. Percent of women enrolled in WIC during pregnancy who initiated breastfeeding.	X		58.2%	62%		N
12. Percent of children, ages 6-8, with untreated dental decay in primary and permanent teeth.		X	30.8%	29.5%		N
13. Percent of children, ages 2-4, who are overweight.	X		13.0%	11.0%		N - almost
14. Ratio of the black infant mortality rate to the white infant mortality rate.	X		2.88	2.5		N
15. Death rate per 100,000 among youth ages 15-19, due to motor vehicle crashes.	X		28.82	21.5		N
16. Percent of MCH clients/families who receive one or more supportive services to enhance child health, development and/or safety.		X	84.7%	76.0%	Y	

D. STATE PERFORMANCE MEASURES

SPM 1: *Percent of children less than 12 years of age who receive one physical exam a year.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	78.0	78.5	79.0	79.5	80.0
Annual Indicator	76.3	736.	74.4	72.6	
Numerator	663,000	651,000	661,000	617,000	
Denominator	869,000	885,000	889,000	850,000	
Is Data Provisional or Final				Final	Provisional
	2005	2006	2007	2008	2009
Annual Performance Objective	80.5	81.0	81.5	81.5	81.5

Notes - 2002

Source: Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information, Family Health Survey, 2001. Madison, Wisconsin, 2003. The annual Wisconsin Family Health Survey is a random digit dial telephone survey that collects and reports information about health status, problems, insurance coverage, and use of health care services among Wisconsin residents. Numerator: Weighted data.

Denominator: Weighted data. Data issues: We did not revise subsequent year's objectives; the data reflect random fluctuations. Data for 2002 are not available from the Bureau of Health Information until mid-2004.

Notes - 2003

Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Family Health Survey, 2003. Madison, Wisconsin, 2005. The annual Wisconsin Family Health Survey is a random digit dial telephone survey that collects and reports information about health status, problems, insurance coverage, and use of health care services among Wisconsin residents. Numerator: Weighted data. Denominator: Weighted data. Data issues: We did not revise subsequent year's objectives; the data reflect random fluctuations.

Notes - 2004

Data for 2004 are not available from the Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

The performance measure relates to Wisconsin's Priority Need #2 - Health Access and is identified in Healthiest Wisconsin 2010, the state's public health plan. Special access issues exist for those living in rural communities, seasonal and migrant workers, persons with special health care needs, the uninsured and underinsured, homeless persons and low income members of racial or cultural minority groups.

1. Comprehensive Well-Child Exams--Direct Health Care Services--Children, including CSHCN

The annual health exam activity is a direct health care service for children under age 12, including children who have special health care needs. The target group for services funded by the Title V block grant are those children who are uninsured or underinsured in Wisconsin and would otherwise not have access to primary preventive services. For the contracts in 2004, 22 LHD's and other private non-profit agencies submitted objectives to provide or assure MCH supported well-child exams for children under age 21 years, including those with special health care needs. Twelve of the LHDs contracted to directly provide comprehensive well-child exams.

MCH providers used the SPHERE data system. In 2004, 1042 unduplicated clients aged 0-12 years were assessed for health care utilization and recorded within the SPHERE data system. Of those, 744 reported having a routine health exam within the last 12 months.

According to the DHFS Family Health Survey in 2004, 79.5% of children under 12 years of age were reported at time of the telephone survey that they had a general physical exam in past year (Data Source: FHS, 2004). This is more than the 72.6% reported in the 2003 survey. The annual DHFS Family Health Survey is an annual random telephone survey of households in Wisconsin.

2. Support the "Covering Kids" Program Funded by the Robert Wood Johnson (RWJ) Foundation--Enabling Services--Pregnant women, mothers, infants and children, including CSHCN

The "Covering Kids" Program, funded by RWJ was awarded to University of Wisconsin Extension. Title V MCH/CSHCN Program continued involvement in an advisory capacity to the grant activities.

Overall family Medicaid enrollment increased about 28,414 in calendar 2004, from 500,904 in December 2003 to 529,318 in December 2004. To the extent that increased enrollments

contribute to increased access to health care services, this increase portends greater number of physical examinations rendered. The family Medicaid program most specific to children, Healthy Start, likewise increased in enrollment in calendar 2004, from 124,662 in December 2002, to 138,731 in December 2004. In 2003, about 93% of Wisconsin children had health insurance coverage yet some 86,000 (7% of the 1,300,000 children in the state) were uninsured.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Comprehensive well-child exams	X			
2. Support the "Covering Kids" Program Funded by Robert Wood Johnson Foundation		X		

b. Current Activities

1. Comprehensive Well-Child Exams--Direct Health Care Services--Children, including CSHCN
For the 2005 consolidated contracts, 21 LHDs and other private non-profit agencies submitted objectives to provide or assure access to primary preventive exams. The primary preventive exams must be provided by the agency and assure quality services by utilizing the following document as guidance for best practice in the organization and delivery of services: "Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents", Second Edition.

2. Governor's KidsFirst Initiative--Enabling Services--Pregnant women, mothers, infants and children, including CSHCN

In May 2004, Governor Doyle announced a 4-part KidsFirst Initiative. The four focus areas are entitled Ready for Success, Safe Kids, Strong Families and Healthy Kids. This direction from the Governor and his cabinet leaders will provide a course for state programs to increase health exams for children by improving access to primary preventive services.

c. Plan for the Coming Year

1. Comprehensive Well-Child Exams--Direct Health Care Services--Children, including CSHCN
Title V MCH/CSHCN Program remains committed to improving access to health care so that primary, preventive health care is available to young children. The Title V MCH/CSHCN Program will continue to provide funds through the consolidated contract process for primary, preventive health care to young children who are uninsured or underinsured. Since the LHDs use these funds according to general program guidelines and to address local identified needs, the impact of MCH funds supporting a provision of primary, preventive health care will be gap filling.

2. Governor's KidsFirst Initiative--Enabling Services--Pregnant women, mothers, infants and children, including CSHCN

In May 2004, Governor Doyle announced a 4-part KidsFirst Initiative. Part 4 is Healthy Kids and includes focus activities that will improve child access to primary preventive services. These areas include: Provide all Children with Health Care Coverage, Improve Oral Health Care, and Immunize Children on Time. The MCH program will provide leadership and participation in action steps toward improvements in these health-related areas.

3. Support the "Covering Kids" Program Funded by the Robert Wood Johnson (RWJ) Foundation--Enabling Services--Pregnant women, mothers, infants and children, including CSHCN

In cooperation with UW-Extension, the Title V MCH/CSHCN Program will continue to provide support for state and local coalitions, funded by RWJ. These coalitions are funded to increase outreach for uninsured children and their families and to enroll them in state supported health insurance programs, such as BadgerCare. This activity will assist children and their families to access mechanisms to pay for primary prevent health exams. The Covering Kids grant to UW Extension is funded through 2006.

SPM 2: *Percent of women at risk of unintended pregnancies (as defined by Alan Guttmacher Institute) receiving family planning and related reproductive health services through publicly funded clinics.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	12.9	13.5	18.5	19.0	43.5
Annual Indicator	16.3	18.1	24.3	42.9	38.3
Numerator	48,297	53,542	71,856	98,678	88,143
Denominator	296,390	296,390	296,300	230,060	230,060
Is Data Provisional or Final				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	39.1	40.1	41.3	42.0	43.5

Notes - 2002

Sources: Numerator: Number of women receiving contraceptive services at GPR/Title V and Title X funded clinics. Denominator: Estimated number of Wisconsin women at risk of unintended pregnancy estimated by the Alan Guttmacher Institute (AGI). Data issues: Among the 1,199,350 women in Wisconsin ages 13-44, 625,000 are estimated to be at risk of unintended pregnancy and in need of contraceptive services and supplies. Of this number, 296,390 are estimated to be at risk of unintended pregnancy and in need of publicly supported contraceptive services: this includes 92,060 under age 20, and 204,330 between the ages of 20-44 and under 250% of poverty. The statewide denominator used to determine the percent of total estimated need in Wisconsin met through WI GPR/Title V funded services is 296,390. The basis for the projections for 2003-2008 objectives is implementation and continuation of the WI Medicaid waiver that expands eligibility for family planning services. We assume the Medicaid waiver, implemented January 1, 2003, will result in an increased number of women at risk of unintended pregnancy receiving services at publicly supported clinics; therefore, we revised our objectives accordingly.

Notes - 2003

Sources: Numerator: Number of women receiving contraceptive services at GPR/Title V and Title X funded clinics. Denominator: Estimated number of Wisconsin women at risk of unintended pregnancy estimated by the Alan Guttmacher Institute (AGI). Revised 2000 estimates of need. Data issues: Among the 1,235,190 women in Wisconsin ages 13-44, 634,250 are estimated to be at risk of unintended pregnancy and in need of contraceptive services and supplies. Of this number, 230,060 are estimated to be at risk of unintended pregnancy and in need of publicly supported contraceptive services: this includes 95,350 under age 20, and 134,710 between the ages of 20-44 and under 250% of poverty. The statewide denominator used to determine the percent of total estimated need in Wisconsin met through WI GPR/Title V funded services is 230,060. The basis for the projections for 2004-2008 objectives is implementation and continuation of the WI Medicaid waiver that expands eligibility for family planning services. We assume the Medicaid waiver, implemented January 1, 2003, will result in an increased number of women at risk of unintended pregnancy receiving services at publicly supported clinics; therefore, we revised our objectives accordingly. Please note the following changes in 2003: 1) AGI released revised estimates of need for 2000, and the statewide denominator changed from 296,390 to 230,060; 2) an increased number of women received services in 2003 compared to 2002; and 3) the methodology for counting patients was changed in 2003 – from contraceptive patients receiving a physical examination to any patient receiving contraceptive management services as defined by a V25 ICD-9 code. The change in the denominator alone resulted in an increased percentage from 33.3% (98,678/296,390) to 42.9% (98,678/230,060).

Notes - 2004

Sources: Numerator: Number of women receiving contraceptive services at GPR/Title V and Title X funded clinics. Denominator: Estimated number of Wisconsin women at risk of unintended pregnancy estimated by the Alan Guttmacher Institute (AGI). Revised 2003 estimates of need. Data issues: Among the 1,235,190 women in Wisconsin ages 13-44, 634,250 are estimated to be at risk of unintended pregnancy and in need of contraceptive services and supplies. Of this number, 230,060 are estimated to be at risk of unintended pregnancy and in need of publicly supported contraceptive services: this includes 95,350 under age 20, and 134,710 between the ages of 20-44 and under 250% of poverty. The statewide denominator used to determine the percent of total estimated need in Wisconsin met through WI GPR/Title V funded services is 230,060. The basis for the projections for 2005-2009 objectives is implementation and continuation of the Wisconsin Medicaid family planning waiver that expands eligibility for family planning services. We assume the Medicaid waiver, implemented January 1, 2003, will

result in an increased number of women at risk of unintended pregnancy receiving services at publicly supported clinics; therefore, we revised our objectives accordingly. Please note the following changes in 2004: changes in protocols to make contraceptive supplies more convenient resulted in a slight decrease in the number of patients returning to clinics within the year, and therefore, receiving a clinic visit counted for the numerator. Increased participation is anticipated in the Waiver is reflected in the objectives.

a. Last Year's Accomplishments

Relationship to Priority Need(s): SPM #2 relates to Wisconsin's Priority Need #2 - Health Access and #7 - Teen Pregnancy.

Access and availability to family planning services and related reproductive health care contributes to the prevention of unintended pregnancy, and improves access to basic routine primary and preventive health care for low income and uninsured women. Access to private and confidential contraceptive services, which can be assured through publicly supported-services, is essential for providing effective contraceptive services to sexually active adolescents. This is a cornerstone of Wisconsin's strategy to prevent adolescent pregnancy. Reproductive health care that routinely accompanies contraceptive services addresses basic health issues that are an important part of women's routine and preventive health care.

1. Contraception and Related Reproductive Health Care--Direct Health Care Services--Women and sexually active adolescents

Title V Block Grant and matching State Funds supported the following services to women:

- * 31,779 women received comprehensive family planning services;
- * 18,381 women received pregnancy testing services and appropriate continuity of care (contraceptive services or pregnancy-related services),
- * over 40,000 women received screening for chlamydia as part of infertility prevention services,
- * 44,415 women received cervical cancer screening services.

2. Implementation of Wisconsin's Medicaid Family Planning Waiver Program--Enabling Services--Women and sexually active adolescents

The purpose of many activities in 2004 was the continued implementation of Wisconsin's Medicaid Family Planning Waiver (FPW). The FPW expanded Medicaid eligibility to women ages 15-44 with incomes below 185% of poverty. Successful implementation of the FPW will expand family planning access to 50,000 additional women in Wisconsin. As of December 31, 2004, 55,515 women were enrolled under this program.

A Social Marketing/Quality Improvement project continued to determine how population segments currently not using contraceptive services could be reached to provide them information needed for making an informed choice about participation in the FPW. Another purpose was to determine what changes needed to be made in clinic services to make services more acceptable to newly eligible women to receive services. These activities will continue in 2005.

3. Family Planning Provider Training--Infrastructure Building Services--Women and sexually active adolescents

Provider training sessions were continued to improve knowledge and skill levels in several key areas including CPT/ICD-9 coding, cost accounting, HIPAA privacy responsibilities, and presumptive eligibility procedures (used for initial enrollment into the FPW). Technical assistance and support to family planning providers was facilitated through a List-Serve and web-

site supported by Health Care Education and Training, with which DPH/MCH contracts.
<http://www.hcet.org/resource/states/wi.htm>

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Contraception and related reproductive health care	X			
2. Implementation of Wisconsin's Medicaid Family Planning Waiver Program		X		
3. Family planning provider training				X

b. Current Activities

1. Contraception and Related Reproductive Health Care--Direct Health Care Services--Women and sexually active adolescents

Expansion of family planning (contraception and related reproductive health care) services is anticipated during 2005 as a result of the Medicaid Family Planning Waiver. Twelve thousand additional women will likely receive services in 2005 above 2004 service. In 2005, the Department of Health and Family Service's Family Planning and Reproductive Health Care Council continues to meet regularly. The Family Planning Council's role is to advise the Secretary and foster internal Departmental coordination to insure access to cost effective family planning services and reproductive health care. The goals include: to provide access to affordable reproductive health care (especially to low-income income women), prevent unintended pregnancy, and deliver cost effective services. The Wisconsin Lt. Governor actively participates in the Family Planning Council. Family planning services are considered to be an integral component of women's health care.

Family planning will also be included in DHFS efforts to decrease disparities among women of color with respect to low birth weight -- integrating family planning with other interventions to reduce the incidence of low birth weight.

2. Promotion and Outreach for Wisconsin's Family Planning Waiver Program--Enabling Services--Women and sexually active adolescents

Title V Program staff are actively involved with the Medicaid Program in implementing the Family Planning Waiver.

3. Family Planning Provider Training--Infrastructure Building Services--Women and sexually active adolescents

Technical assistance and support, and continuing education activities identified above will continue in 2005. Planning for provider training in clinic quality improvement issues, resulting from the social marketing research, will continue.

c. Plan for the Coming Year

This performance has been changed to reflect the new 5-year Title V Needs Assessment.

SPM 3: *Percent of women who use tobacco during pregnancy.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	16.8	16.4	16.0	15.6	15.2
Annual Indicator	16.5	15.8	14.8	14.0	
Numerator	11,428	10,907	10,139	9,769	
Denominator	69,215	68,933	68,456	69,942	
Is Data Provisional or Final				Final	Provisional
	2005	2006	2007	2008	2009
Annual Performance Objective	15.0	14.5	14.0	13.5	13.0

Notes - 2002

Source: Numerator and Denominator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Births and Infant Deaths, 2001. Madison, Wisconsin, 2003. Data issues: Data for 2002 are not available from the Wisconsin Bureau of Health Information until mid-2004.

Notes - 2003

Data issues: There were 69,999 births in Wisconsin in 2003. Birth certificate data indicate that 60,173 women reported they did not smoke during pregnancy, 9,769 reported they smoked, and 57 were unknown. Source: Numerator and Denominator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Births and Infant Deaths, 2003. Madison, Wisconsin, 2005.

Notes - 2004

Data for 2004 are not available from the Wisconsin Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

Relates to Priority Need #8 -- ATODA. In 2003, Wisconsin women 14% of women self-reported via the birth certificate smoking during pregnancy and national average was 11.0%. Relationship to Priority Need(s): SPM #3 relates to National Outcome Measures #1, #3, #4, and #5. This SPM also relates to National Outcome Measure #2. In Wisconsin, 2003 smoking rates for African American and American Indian women are higher than national rates for the same groups. Seventeen percent of African American women in Wisconsin reported smoking, compared to 8.5% nationally, and 37% of American Indian women in Wisconsin reported smoking, compared to 18.3% nationally.

1. Title V Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants
In 2004, the Title V Program funded 32 LHDs totaling 36 objectives addressing perinatal care coordination, prenatal/postnatal education, early entry into prenatal care, prenatal smoking cessation and perinatal depression screening.

As reported for 2004 in SPHERE, of those women that received a prenatal assessment utilizing Title V funds, 48% smoked before pregnancy and 30% smoked during pregnancy. Other SPHERE data shows of the women whose smoking changes during pregnancy were tracked approximately 60% reported being in the action or maintenance phase in their quit attempt and

43% reported exposure to second hand smoke. In Wisconsin during 2003, there were 69,999 live births; 14% of the women who gave birth reported smoking, 86% reported no smoking and .08% were unknowns. Analysis of birth certificate data indicate that smoking rates continue to be highest among women under age 25 and who were American Indian or African American.

2. First Breath--Enabling Services--Pregnant women, mothers and infants

In 2004, the Title V Program continued its First Breath Prenatal Smoking Cessation Program partnership with the Wisconsin Women's Health Foundation. By year end, there were a total of 114 First Breath sites in 62 counties and 1,240 women received services, twice the number of clients served from the previous year. During 2004, a cost analysis of the 2001-2002 pilot program was completed and demonstrated on average the Wisconsin Medicaid program saved \$1,274 per First Breath clients who quit smoking.

Another focus during 2004 was initiating First Breath services in communities of color, specifically African American and American Indian populations. Through needs assessment, outreach and networking, First Breath recruited sites in communities of color to attend one of three trainings held in 2004 resulting in an additional 22 First Breath sites that serve the target population and a 100% increase in the number of women of color receiving First Breath services by the end of the year. First Breath additionally collaborated with several tribal sites to create a culturally specific American Indian program brochure.

3. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

See NPM #18.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Title V Funded Perinatal Services		X		
2. First Breath		X		
3. Prenatal Care Coordination		X		

b. Current Activities

1. Title V MCH Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants

For 2005, the Title V program funded 32 LHDs totaling 35 objectives to do perinatal care coordination services, prenatal/postnatal education, early entry into prenatal care, prenatal smoking cessation and perinatal depression screening.

2. First Breath--Enabling Services--Pregnant women, mothers, infants

As of May, 113 First Breath sites are participating in the program and 362 women have been enrolled. By year end, First Breath is projected to enroll about 1,500 women. The statewide expansion of the program has been completed and First Breath is now focusing on enhancing technical assistance to existing sites.

First Breath will complete the following highlighted activities beginning in May through the end of the remainder of 2005. Five regional training sessions will be conducted for counselors to network and share about their experience with clients. Providers will be able to access a web cast consisting of five training modules to orient new staff at existing First Breath sites to the program. Upon completion, providers will be required to complete a competency test ensuring their understanding of the First Breath program protocols and counseling techniques. The first

annual First Breath statewide meeting will be held. An online directory of research articles for counselors to access on the program website will be created. A University of WI Center for Tobacco Research and Intervention Regional Outreach Specialist will visit each First Breath site to address site needs regarding counseling, use of the Quit Line fax referral program, and other ways providers wish to improve their performance with clients.

The Governor introduced his KidsFirst plan in 2004 -- a comprehensive plan to invest in Wisconsin's future. This plan contains many components, including anti-tobacco initiatives that focus efforts to reduce smoking. One specific action step to address this priority is the expansion of the First Breath program statewide. Title V Program staff will be intimately involved in the details of this as the specifics unfold.

3. Women and Tobacco Team (WATT)--Enabling Services--Pregnant women, mothers, infants.
Formed in 2004 to focus on tobacco use and cessation among women of reproductive age continued its work and added additional partners. The team's emphasis continues to be on connecting providers to the Wisconsin Tobacco Quit line's Fax Referral Program and providing information and resources to providers about the importance of smoking cessation among women of reproductive age. Plans are underway to present at a future ACOG conference and to develop a marketing campaign around billing issues for providers, focusing primarily on Medicaid clients.
4. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants
See NPM #18.

c. Plan for the Coming Year

1. Title V MCH Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants
Due to the complex nature of smoking during pregnancy, this topic will continue to be a priority for the Title V program. Title V program funds will continue to be provided to the local level that encourage and support agencies to incorporate and provide services and counseling to women who use tobacco during pregnancy. The objective for 2006 is 14.5% of women reporting smoking during pregnancy.
2. First Breath--Enabling Services--Pregnant women, mothers, infants
The Title V Program will continue as a partner to accomplish the goals of the First Breath Program. Specific needs to be addressed in 2005 for First Breath include: increase extra treatment and social support for women, outreach to pediatricians and child care providers about First Breath, working more closely with the partners of First Breath clients and providing special attention to the post partum relapse period. Discussions will continue regarding addressing the needs of women before and after pregnancy, focusing on women of reproductive age, to include expanding the partnership beyond the current team. Title V Program staff will continue to be involved in the activities associated with First Breath expansion as proposed in the Governor's KidsFirst plan.
3. Women and Tobacco Team (WATT)--Enabling Services--Pregnant women, mothers, infants.
The work of this team will continue, to include pursuing offering continuing education opportunities to providers and expanding the team's membership to further enhance collaborative opportunities.
4. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

See NPM #18.

SPM 4: *Percent of high school youth who self-report taking a drink in the past 30 days.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	40	39	45	45	45
Annual Indicator	51.8	54.0	54.0	47.9	49.3
Numerator		1,087	1,087	994	994
Denominator		2,013	2,013	2,075	2,015
Is Data Provisional or Final				Final	Provisional
	2005	2006	2007	2008	2009
Annual Performance Objective	44.5	44.5	44.0	44.0	

Notes - 2002

Source: Wisconsin Department of Public Instruction, Wisconsin Youth Risk Behavior Survey, 2002. Madison, Wisconsin, 2000. Numerator: Unweighted data. Denominator: Unweight data. Data issues: The Wisconsin YRBS is conducted as part of the national YRBS by CDC and is administered every other year in Wisconsin. A stratified random sample of classrooms in all public schools with ninth through twelfth grades is used. The data for 2002 are from 2001.

Notes - 2003

Source: Wisconsin Department of Public Instruction, Wisconsin Youth Risk Behavior Survey, 2003. Madison, Wisconsin, 2003. Numerator: Weighted data. Denominator: Weighted data. Data issues: The Wisconsin YRBS is conducted as part of the national YRBS by CDC and is administered every other year in Wisconsin. A stratified random sample of classrooms in all public schools with ninth through twelfth grades is used.

Notes - 2004

Data for 2004 are not available.

a. Last Year's Accomplishments

Relationship to Priority Need(s)-According to the 2003 Wisconsin YRBS survey results, student reports of alcohol use were showing signs of decreasing. Fewer students reported experimenting with alcohol before the age of 13 years of age (25% in 2003) compared to 37% respectively). Additionally, 28% of the students reported binge drinking (5 or more drinks of alcohol in a row) in the past 30 days was lower than the National average of 30%.

1. ATODA Service, Education and Referral--Direct Health Care Services--Adolescents

The Division of Disability and Elder Service's (DDES) Bureau of Mental Health and Substance Abuse Services (BMHSAS) received a federal grant from the Office of Justice Assistance for expansion of AODA screening youth at the point of juvenile justice intake. Currently 11 counties are funded and there are plans to fund another eleven.

* BMHSAS-AODA lead Research Analyst began an adolescent treatment outcome study with agencies across the state that volunteered to participate.

* The Department of Health and Family Services (DHFS) and BMHSAS completed a State Mental Health and Substance Abuse Service's grant application for Adolescent Treatment Infrastructure to address needed binge drinking and mental health services.

2. Prevention Programs--Enabling Services--Adolescents

The Alliance for Wisconsin Youth (formerly the Alliance for a Drug-Free Wisconsin), is made up of community youth/adult community coalitions and is present in 81% of the Wisconsin Counties and 27% of the Wisconsin Tribes. The Alliance provides over \$150,000 to local Alliances to reduce youth alcohol and other drug abuses. The results include information and educational sessions regarding drug-free alternative strategies to environmental strategies to reduce youth access to alcohol to a statewide media campaign. The Brighter Futures Initiative (BFI) continues to have a goal of the prevention and reduction of the incidence of youth alcohol and other drug use and abuse. BFI operates in nine counties with the highest rates of youth alcohol abuse. BFI experienced some specific successes in a rural, urban and a Tribal community.

3. State Council--Infrastructure Building Services--Adolescents

In December, 2004, the Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA) accepted the Department's (DHFS) State Incentive Grants Long-Range Strategic report that encompassed the recommendations of the 2002 Underage Drinking Task Force.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. ATODA Service, Education, and Referral	X			
2. Prevention Programs		X		
3. State Council				X

b. Current Activities

1. ATODA Services--Education and Referral-Direct Health Care Services--Adolescents

DHFS/BMHSAS is reinvesting some of its substance abuse block grant savings toward Milwaukee's treatment agencies to create linkages for youth in criminal justice who have co-occurring treatment needs. This also includes the provision of training juvenile justice probation and agencies in developmental neurobiology of addiction and gender/trauma interface. BMHSAS's Adolescent Treatment Outcome Study was completed and it demonstrated the AODA treatment works. BMHSAS's screening was expanded in 2005 to include the eleven additional counties.

2. Prevention Programs--Enabling Services--Adolescents

The Alliance for Wisconsin Youth continued its support of local alliances. For example in Sawyer County, they held a Search and rescue event to assist winter skiers and provided the model training to participants so that they can do the same in an alcohol, drug, and violence free environment. As another example, in Rock County, they held a Family and Community Town Suppers (FACTS) for 241 participants with an anti-drug and alcohol message. The Brighter Futures Initiatives (BFI) notes two local examples: Milwaukee Safe Haven Program operated by the Social Development Commission provides after school, weekend and overnight activities for pre-teens, teens and their families focusing on youth socialization, healthy lifestyles and ATODA prevention. Milwaukee Adolescent Health Program operated by the Medical College of Wisconsin coordinates health care screenings and support services for high-risk youths focusing on improved reproductive health decision making skills and the reduction of drug and alcohol use among its participants

3. State Council--Infrastructure Building Services--Adolescents

DHFS/BMHSAS awaits the federal decision on whether they will award Wisconsin the Adolescent Treatment Infrastructure Grant which will bring a more intense state focus on underage drinking.

c. Plan for the Coming Year

This performance measure was not selected for continuation based on the new 5-year 2005 Title V Needs Assessment.

SPM 7: *Percent of women enrolled in WIC during pregnancy who initiated breastfeeding.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	60.0	52.5	59.0	62.0	65.0
Annual Indicator	55.5	57.4	59.2	58.2	
Numerator	13,389	14,806	14,194	16,464	
Denominator	24,131	25,791	23,977	28,288	
Is Data Provisional or Final				Final	Provisional
	2005	2006	2007	2008	2009
Annual Performance Objective	67	68	70	71	71.5

Notes - 2002

Source: 2001 Pregnancy Nutrition Surveillance System (PNSS) data file. Data issues: Breastfeeding data are collected by the WIC program and sent to CDC for analysis by the PNSS. The data reported were derived from the PNSS data file by the Wisconsin Bureau of Health Information, due to the fact that the PNSS reports were not available from CDC. This is consistent with the data reported in the past. The data reflect approximately 40% of all births in the Wisconsin. Our annual objectives move toward the national objective of 75% breastfeeding initiation for Healthy People 2010. We realize this objective is high, however, since it is consistently used in reports and statements distributed to our local projects, we are comfortable presenting it to our local projects. 2002 data are not available until mid-2004.

Notes - 2003

Source: 2003 Pregnancy Nutrition Surveillance System (PNSS) report. Data issues: Breastfeeding data are collected by the WIC program and sent to CDC for analysis by the Pediatric Nutrition Surveillance System (PedNSS). The data reflect approximately 40% of all births in the state. Our annual objectives move toward the national objective of 75% breastfeeding initiation for Healthy People 2010. We realize this objective is high, however, since it is consistently used in reports and statements distributed to our local projects, we are comfortable presenting it to our local projects.

Notes - 2004

Data for 2004 are not available until 2006.

a. Last Year's Accomplishments

Relationship to Priority Needs: SPM #7 relates to Wisconsin Priority Need: Family and Parenting. The promotion and support of breastfeeding were also identified as health priorities,

"Adequate and Appropriate Nutrition" and "Overweight, Obesity and Lack of Physical Activity," in Healthiest Wisconsin 2010, the state's public health plan.

Breastfeeding initiation among women enrolled in WIC during pregnancy was chosen as a performance measure because of several factors. The MCH and WIC Programs in Wisconsin have a history of collaboration to provide services to pregnant women, mothers and infants. Many LHDs also administer a WIC Project, which provides a rich opportunity for service collaboration. The WIC Program shares data with the MCH data system. Wisconsin participates in the CDC PedNSS and the PNSS -- primary data sources for breastfeeding initiation and duration available for the WIC population in Wisconsin.

1. Performance Based Contracting--Direct Health Care Services--Pregnant and breastfeeding women

As part of the performance based contracting process for CY 2004, approximately 30% of the LHD selected objectives related to healthy birth outcomes through care coordination services. The provision of breastfeeding information during pregnancy impacts the woman's decision to initiate breastfeeding.

2. Statewide Breastfeeding Activities--Enabling Services--Pregnant and breastfeeding women

As part of the performance based contracting process for CY 2004, a LHD chose the peer mentoring program for the support of breastfeeding. Peer mentoring programs have been found to be very effective at promoting and supporting breastfeeding. With the support of USDA funding, an RFP was released in 2004 with 3 projects selected as peer counseling pilots.

3. Wisconsin Breastfeeding Coalition--Population-Based Services--Pregnant and the general public

The Wisconsin Breastfeeding Coalition continues to promote breastfeeding as the cultural norm through public education and awareness. The Coalition distributed fact sheets and sample policies promoting breastfeeding in communities. Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin project includes a public awareness campaign that aired on Milwaukee buses during the summer of 2004.

4. Collaboration and Partnerships: Implementation of the Loving Support Campaign--Infrastructure Building Services--Pregnant and breastfeeding women

"Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin" implementation plan outlined several infrastructure components that were in development in CY 2004 including a skin-to-skin brochure and presentation in collaboration with the Wisconsin Association of Perinatal Care and an interactive CD-ROM for employers to support breastfeeding women returning to the worksite. Additionally, How To Support A Breastfeeding Mother -- A Guide for the Childcare Center was distributed to local breastfeeding coalitions.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Performance Based Contracting	X			
2. Statewide Breastfeeding Activities		X		
3. The Wisconsin Breastfeeding Coalition			X	
4. Collaboration and Partnerships: Implementation of the Loving Support Campaign				X

b. Current Activities

1. Performance Based Contracting--Direct Health Care Services--Pregnant and breastfeeding women

As part of the performance based contracting process for CY 2005, approximately 30% of the LHD selected objectives related to healthy birth outcomes through care coordination services. A number of LHDs selected an objective of breastfeeding initiation and duration rates through care coordination, breastfeeding education, and postpartum breastfeeding support. Breastfeeding education, promotion and support are included in the care for pregnant women and mothers and infants. A breastfeeding educator certification program will be held in Green Bay in August 2005 to increase the number of professionals that have additional training in breastfeeding promotion and support.

2. Statewide Breastfeeding Activities--Enabling Services--Pregnant and breastfeeding women

The USDA WIC Program launched the national Loving Support initiative to institutionalize breastfeeding peer counseling as a core service. The peer counseling and mother-to-mother support programs are being promoted to LHDs and local breastfeeding coalitions. These programs are being promoted for use in populations where breastfeeding initiation is low (African American and Hmong) and to the general population where breastfeeding is low. By August 2005, at least 14 Hmong and Hispanic peer counselors will be trained in their native languages through the Bilingual Breastfeeding Peer Counselor Project.

3. Wisconsin Breastfeeding Coalition--Population-Based Services--Pregnant and the general public

Through the Loving Support Project, the 10 Steps to Successful Breastfeeding will be promoted to hospitals and birth centers to improve the rate of breastfeeding success.

The "Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin" project includes a public awareness campaign that will continue to be promoted to local media outlets.

4. Collaboration and Partnerships: Implementation of the Loving Support Campaign--Infrastructure Building Services--Pregnant and breastfeeding women

The WIC Breastfeeding Coordinator continues to serve as chair of the Wisconsin Breastfeeding Coalition (WBC) during CY 2005 and will work with the Nutrition and Physical Activity Grant to include/promote breastfeeding as a strategy to prevent childhood overweight and will coordinate the strategic planning process with WBC to identify priorities for the future. WBC partners continue to partner in other groups such as the Hunger Task Force of Milwaukee and Mercury Free Wisconsin. In addition, How To Support A Breastfeeding Mother -- A Guide for the Childcare Center will continue to be distributed to local breastfeeding coalitions.

c. Plan for the Coming Year

This performance measure was not selected for continuation based on the new 5-year Title V Needs Assessment.

SPM 12: *Percent of children, ages 6-8, with untreated dental decay in primary and permanent teeth.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	30.0	25.5	25.0	30.0	29.5
Annual Indicator	30.0	30.8	30.8	30.8	30.8
Numerator	22,500	1,019	22,368	22,368	22,368
Denominator	75,000	3,307	72,626	72,626	72,626
Is Data Provisional or Final				Provisional	Provisional
	2005	2006	2007	2008	2009
Annual Performance Objective	29	27	25	25	25

Notes - 2002

Source: Numerator: calculated by taking 2001's indicator, the most recent Wisconsin Division of Public Health Make Your Smile County survey of third grade children, 2001-02.

Denominator: the number of third grade children enrolled in public and private schools in SY 2002-03 from the Wisconsin Department of Public Instruction. A follow up survey is planned for 2005-06.

Notes - 2003

Source: Numerator: calculated by taking 2001's indicator, the most recent Wisconsin Division of Public Health Make Your Smile County survey of third grade children, 2001-02.

Denominator: the number of third grade children enrolled in public and private schools in SY 2002-03 from the Wisconsin Department of Public Instruction. A follow up survey is planned for 2005-06.

Notes - 2004

Source: Numerator: calculated by taking 2001's indicator, the most recent Wisconsin Division of Public Health Make Your Smile County survey of third grade children, 2001-02. Denominator: the number of third grade children enrolled in public and private schools in SY 2002-03 from the Wisconsin Department of Public Instruction. A follow up survey is planned for 2005-06. Future data are dependent on funding for another survey.

a. Last Year's Accomplishments

Relationship to Priority Needs(s): SPM # 12 relates to Wisconsin's Priority Need on dental health. The 2001-02 Make Your Smile Count Survey revealed 60% of Wisconsin's children have experienced tooth decay by third grade. There are significant oral health disparities: minority and low-income children are more likely to have caries experience and untreated decay while they are less likely to have dental sealants.

1. Fluoride Program--Population-Based Services--Pregnant women, mothers, infants and children including CSHCN

In 2004 Wisconsin maintained fluoridation of existing community water systems and increased the number that fluoridate. The School Fluoride Mouth Rinse Program served over 10,000 children through 18 programs. The Dietary Fluoride Supplement program provided by 15 health departments served 1,700 children.

2. Dental Sealant Program--Population-Based Services--Children, including CSHCN

In 2003-04, 14 community or school-based programs hosted 102 Wisconsin Seal-A-Smile program events. Seal-A-Smile delivered sealants to 2,898 Wisconsin children during the 2003-2004 school year. It is estimated that Seal-A-Smile saved 2.5 molars from decay per child sealed. The program placed almost 12,500 dental sealants, referred 1,049 children for dental care, delivered fluoride to 1,459 children and oral health education to 7,032 children. Through the GuardCare Sealant Program was not conducted in 2004 due to troop deployment.

3. Tobacco Prevention Program--Population-Based Services--Children, including CSHCN

The Spit Tobacco Program served 80,000 fifth grade students in 150 schools. A "Brewers Day in the Park" featured the program and distributed 10,000 comic books. A DVD was developed to support the program.

4. Maternal and Early Childhood Oral Health Program--Population-Based Services--Pregnant women, mothers, infants

Regional Oral Health Consultants were contracted to serve the five DPH Regions and were responsible for oral health prevention programs in five DPH Public Health regions and local communities. Over 175 primary health care clinic personnel were trained by the Regional Oral Health Consultants in Integrating Preventive Oral Health Measures into Healthcare Practice, infant/toddler oral screening, anticipatory guidance, fluoride varnishes.

5. Clinical Services and Technical Assistance--Population-Based Services--Pregnant women, mothers, infants and children, including CSHCN

SmileAbilities forum in the Western Region promoted oral health for children with special health care needs to develop a common understanding of growth and development, oral disease processes and disease prevention strategies.

6. Oral Health Surveillance--Infrastructure Building Services--Children including CSHCN

Two county surveys were conducted by the regional oral health consultants in Rusk and Chippewa Counties.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Fluoride Programs			X	
2. Dental Sealant Programs			X	
3. Integrating Preventive Oral Health Measures into Healthcare Practice: Training Program for Primary Health Care Settings Program			X	
4. Tobacco Prevention Programs			X	
5. Clinical Services			X	
6. Oral Health Technical Assistance			X	
7. Oral Health Surveillance			X	
8. Governor's KidsFirst Initiative				X

b. Current Activities

1. Fluoride Program--Population-Based Services--Pregnant women, mothers, infants and children including CSHCN

Technical assistant efforts continue to assist with maintaining fluoridation of existing community water systems and increasing the number that consider fluoridation. The School-Based Fluoride Mouth Rinse Program in elementary school and Dietary Fluoride Supplement program are ongoing.

2. Dental Sealant Program--Population-Based Services--Children, including CSHCN

In 2004-05 there are 12 community or school-based programs as a result of the Wisconsin Seal-A-Smile program. Collaboration with the Centers for Disease Control and Prevention is continuing to integrate software into the program for evaluation purposes. The oral health component of the GuardCare Sealant Program was postponed this year due Wisconsin Army National Guard on duty in Iraq.

The oral health component of the Governor's KidsFirst Initiative is being promoted and anticipated to expand the Wisconsin Seal-a-Smile Program, integrate preventive oral health into health care practice and increase the use of dental hygienists to prevent oral disease.

3. Tobacco Prevention Program--Population-Based Services--Children, including CSHCN

Spit Tobacco Program-DPH contracts with the Department of Instruction to serve 80,000 fifth grade students in 150 schools throughout the state during the 2004-2005 school year. A "Brewers Day in the Park" featured the program and distributes 10,000 comic books, child friendly with positive health messages.

4. Maternal and Early Childhood Oral Health Program--Population-Based Services--Pregnant women, mothers, infants

Regional oral health consultants provided Integrating Preventive Oral Health Measures into Healthcare Practice training to health care personnel in local health departments, tribal health centers, medical education programs, federally qualified health centers and local health departments serving low income infants and toddlers. Primary health care clinics were a focus of training and featured at a State-wide Wisconsin Nursing Association meeting, for Nurse Practitioners.

5. Clinical Services and Technical Assistance--Population-Based Services--Pregnant women, mothers, infants and children, including CSHCN

The Regional Oral Health Consultants serve the five DPH Regions and are responsible for oral health prevention programs in five DPH Public Health regions and local communities including children with special health care needs. SmileAbilities was featured as a break out session at the Circles of Life Conference to assist families in promoting oral health for children with special health care needs.

6. Oral Health Surveillance--Infrastructure Building Services--Children including CSHCN

Two Make Your Smile Count surveys of third grade children were conducted in Vilas and Clark County. The surveys are being used to develop and assist with community needs assessments and plans.

c. Plan for the Coming Year

This performance has been changed to reflect the new 5-year Title V Needs Assessment.

SPM 13: *Percent of children, ages 2-4, who are obese or overweight.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	NA	11.4	11.2	11.0	10.8
Annual Indicator	11.4	11.3	11.8	13.0	
Numerator	5,312	5,366	5,781	6,537	
Denominator	46,599	47,489	48,993	50,284	
Is Data Provisional or Final				Final	Provisional
	2005	2006	2007	2008	2009
Annual Performance Objective	12.0	12.1	11.8	11.6	11.6

Notes - 2002

Source: 2000 Pediatric Nutrition Surveillance System (PedNSS), Centers for Disease Control and Prevention. Data issues: Height and weight data are collected by the WIC Program and sent to CDC for analysis by the PedNSS. While the WIC data do not represent the population as a whole for children ages, 2-4, the data are readily available and represent many children who are at higher nutritional risk in Wisconsin. In December 2001, CDC began providing data analyses utilizing body mass index as a measurement for identifying children at risk of being overweight or children who are currently overweight using age and gender-specific growth charts. These new analyses provide an unduplicated count of children enrolled in the WIC program during the reporting period. The prevalence trends from the data will provide opportunities to target childhood overweight and develop prevention and intervention strategies, which may prevent overweight and obesity in adolescence and adulthood. 2002 data are not available until mid-2003.

Notes - 2003

Data issues: Height and weight data are collected by the WIC Program and sent to CDC for analysis by the Pediatric Nutrition Surveillance System (PedNSS). While the WIC data do not represent the population as a whole for children ages 2-4, the data are readily available and represent a higher risk population in Wisconsin. Childhood overweight is increasing at alarming rates and is likely to continue to increase until a multi-faceted, comprehensive plan is implemented to improve nutrition and increase physical activity. The objective projections reflect this reality.

Notes - 2004

Data for 2004 are not available until 2006.

a. Last Year's Accomplishments

Relationship to Priority Need(s): The percent of children, ages 2-4, who are overweight, relates directly or indirectly to three of Wisconsin's Priority Needs. This was chosen as a state performance measure because it directly relates to one of the 11 health priorities in Healthiest Wisconsin 2010, Wisconsin's state health plan, "Overweight, Obesity, and Lack of Physical Activity."

1. Increased knowledge of healthy behaviors--Enabling Services--Children over the age of 2, including CSHCN and their families

Statewide efforts to implement the Wisconsin state health plan priority related to childhood overweight were undertaken by several LHDs through the performance based contracting system. Specifically, 6 LHDs targeted educational programs to school-aged children and youth to increase their knowledge and awareness of nutrition and physical activity related behaviors and the connection of a healthy lifestyle to long-term health. Other LHDs provided education and referrals through perinatal and childcare coordination services including promoting breastfeeding, addressing food insecurity issues and other education targeted to young families.

2. Community Campaigns--Population-Based Services--Children over the age of 2, including CSHCN and their families

During 2004, four LHDs facilitated community-wide campaigns to improve nutrition and/or increase physical activity through negotiated performance based objectives. These events included "Walk to School" events, "Helping Kids Grow" campaign and the "Walk, Dance and Play" social marketing campaign.

3. Needs Assessments and Plans--Infrastructure Building Services--Children over the age of 2, including CSHCN and their families

As part of the 2004 performance based contracting process, 5 LHDs choose to focus efforts on building an infrastructure to address childhood and overweight through community nutrition needs assessments, school surveys and developing comprehensive plans. The DPH was awarded a CDC grant to develop a statewide Nutrition and Physical Activity Program to prevent overweight, obesity and related chronic diseases in July 2003. Through the Wisconsin Nutrition and Physical Activity Workgroup (WINPAW) a strategic plan to address the issue of overweight and obesity in Wisconsin was developed. This program has also worked closely with the WIC Program, the DPI programs (Team Nutrition) to reach pre-school and school-aged children (early childhood) and the Child and Adult Care Feeding Program to reach daycare providers.

4. Nutrition and Physical Activity Coalitions--Collaboration and Partnerships--Children over the age of 2, including CSHCN and their families

There are over 40 nutrition and physical activity coalitions that are working on overweight and obesity prevention efforts; many focused specifically on children. Central and Regional Office Nutrition staff provide technical assistance and support for these efforts.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Increased knowledge of healthy behaviors		X		
2. Community campaigns			X	
3. Needs assessments and plans				X
4. Nutrition and physical activity coalitions				X

b. Current Activities

1. Increased knowledge of healthy behaviors--Enabling Services--Children over the age of 2, including CSHCN and their families

Statewide efforts to implement the Wisconsin state health plan priority related to childhood overweight are being undertaken by several LHDs through the performance based contracting system. Specifically, 8 LHDs are providing targeted educational programs to school-aged children and youth to increase their knowledge and awareness of nutrition and physical activity related behaviors and the connection of a healthy lifestyle to long-term health.

2. Community Campaigns--Population-Based Services--Children over the age of 2, including CSHCN and their families

The Wisconsin Nutrition Education Network is sponsoring a social marketing campaign to improve nutrition and increase physical activity. The "Stepping Up to a Healthy Lifestyle" campaign is being implemented in over 40 counties in Wisconsin through community partnerships. The LHDs are the lead agency in many instances. Other efforts planned include Walk to School events, Safe Routes to School initiatives, "Fit WIC" pilot and workplace wellness campaigns. These campaigns/programs aim to impact the growing rates of childhood overweight and adult obesity.

3. Needs Assessments and Plans--Infrastructure Building Services--Children over the age of 2, including CSHCN and their families

The DPH was awarded a CDC grant to develop a statewide Nutrition and Physical Activity Program to prevent overweight, obesity and related chronic diseases in July 2003. The state plan for obesity prevention that was developed by the Wisconsin Nutrition and Physical Activity Workgroup (WINPAW) is beginning to be implemented. The plan includes objectives related to childhood overweight including exclusive and sustained breastfeeding, increased fruit and vegetable consumption, decreased sweetened beverage consumption, appropriate portion sizes, decreased TV and screen time and increased physical activity. The program works closely with the WIC Program, the MCH Programs, the DPI programs (Team Nutrition) to reach pre-school and school-aged children (early childhood) and the Child and Adult Care Feeding Program to reach daycare providers.

4. Nutrition and Physical Activity Coalitions--Collaboration and Partnerships--Children over the age of 2, including CSHCN and their families

There are over 40 nutrition and physical activity coalitions that are working on overweight and obesity prevention efforts; many focused specifically on children. Central and Regional Office Nutrition staff provide technical assistance and support for these efforts. The DPH Regional Nutrition Consultants are facilitating a professional development workshop focused on Nutrition Policy to be held summer 2005. This workshop is targeted to public health nutritionists, public health educators, policy makers and public health nurses.

c. Plan for the Coming Year

1. Increased knowledge of healthy behaviors--Enabling Services--Children over the age of 2, including CSHCN and their families

Through the performance based contracting system, Local Health Departments (LHD) will be encouraged to choose objectives and activities that will promote and support breastfeeding, increased fruit and vegetable consumption, limited television viewing and increased physical activity. These activities will be linked to the Healthiest Wisconsin 2010 (the state health plan) and the Wisconsin Nutrition and Physical Activity State Plan to prevent obesity and related chronic diseases.

2. Community Campaigns--Population-Based Services--Children over the age of 2, including CSHCN and their families

The Wisconsin Nutrition Education Network will be sponsoring a social marketing campaign to improve nutrition and increase physical activity during 2006. The "Stepping Up to a Healthy Lifestyle" campaign is targeted to low-income children and their families. To participate in the campaign community partners must agree to collaborate on the efforts.

3. Needs Assessments and Plans--Infrastructure Building Services--Children over the age of 2, including CSHCN and their families

The DPH was awarded a 5-year, cooperative agreement from CDC to develop a statewide Nutrition and Physical Activity Program to prevent overweight, obesity and related chronic diseases in July 2003. The state plan for obesity prevention will serve as a guiding document for overweight and obesity prevention efforts. The focus of the cooperative agreement is to build an infrastructure to address overweight and obesity in Wisconsin. The Nutrition and Physical Activity Program works closely with its partner group, the Wisconsin Nutrition and Physical Activity Workgroup (WINPAW), to provide statewide leadership for this effort. WINPAW is a diverse partnership with over 60 organizations represented.

4. Nutrition and Physical Activity Coalitions--Collaboration and Partnerships--Children over the age of 2, including CSHCN and their families

State and community partnerships and collaborations are vital to preventing and managing childhood overweight. There are currently 40+ local coalitions who focus on childhood overweight reductions. Key partners in the implementation of the Nutrition and Physical Activity State Plan include: the WIC Program, the MCH Programs, the DPI programs (Team Nutrition) to reach pre-school and school-aged children (early childhood), the Child and Adult Care Feeding Program to reach daycare providers, local health departments and community coalitions.

SPM 14: *Ratio of the black infant mortality rate to the white infant mortality rate.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	NA	2.7	2.5	2.5	2.4
Annual Indicator	3.0	3.3	3.3	2.9	
Numerator	16.8	18.7	18.3	15.3	
Denominator	5.6	5.7	5.5	5.3	
Is Data Provisional or Final				Final	Provisional
	2005	2006	2007	2008	2009
Annual Performance Objective	2.4	2.3	2.3	2.3	2.3

Notes - 2002

Source: Numerator and Denominator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Births and Infant Deaths, 2001. Madison, Wisconsin, 2003.

Notes - 2003

Source: Numerator and Denominator: Wisconsin Department of Health and Family Services, Wisconsin Division of Public Health, Bureau of Health Information and Policy, Wisconsin Births and Infant Deaths, 2002. Madison, Wisconsin, 2004.

Notes - 2004

Data for 2004 are not available from the Wisconsin Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

Relationship to Priority Need(s): SPM #14, Ratio of the black infant mortality rate to the white infant mortality rate relates to Wisconsin's Priority Need- Health Disparities. In Wisconsin, the black infant mortality rate for 2003 was 15.3 deaths per 1,000 births to black mothers. The 2003 white infant mortality rate was 5.3 deaths per 1,000 births to white women. The ratio of the black infant mortality rate to the white infant mortality rate was 2.9 in 2003, compared to 3.3 in 2002 and 2001. Impact on National Outcome Measures: SPM #14 relates to National Outcome Measures #1-#5.

1. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants
PNCC services are available to Medicaid-eligible pregnant women with a high-risk for adverse pregnancy. In State Fiscal Year 2004, 8787 women received PNCC services from 104 providers. See NPM #18 for more information

2. Healthy Babies in Wisconsin: A Call to Action--Infrastructure Building Services--Pregnant women, mothers, infants

Healthy Babies Action Teams met in 2004 to support activities following a perinatal summit. See NPM #15 for more information.

3. Statewide Projects--Infrastructure Building Services--Pregnant women, mothers, infants
Two statewide projects provided education on maternal and child health topics and support for the Healthy Babies initiative. The Wisconsin Association for Perinatal Care Annual Conference featured a follow-up presentation on the life span approach to address racial and ethnic disparities in birth outcomes. A major educational effort on Perinatal Mood Disorders included regional forums and educational materials. A facilitated discussion on unlearning racism was hosted for a regional Healthy Babies Action Team and WAPC group. Preconception materials were disseminated through WAPC's "Becoming a Parent" toolkit. The Infant Death Center of Wisconsin facilitated the Healthy Babies Steering Committee and an Action Team. Education was provided to coroners and Medical Examiners related to cause and manner of death in sudden and unexpected infant deaths. Focus groups were held with African Americans to improve delivery of the SIDS risk reduction message. Infant Death Center of Wisconsin continued collaborative efforts with the Healthy Start projects, Milwaukee FIMR, Milwaukee hospital QI group, African American medical providers in Milwaukee, and the March of Dimes.

4. Federal Healthy Start--Population-Based Services--Pregnant women, mothers, infants
The Title V MCH/CSHCN Program collaborated with the Milwaukee Healthy Beginnings Project of the Black Health Coalition on the Healthy Babies initiative, the Racial and Ethnic Disparities in Birth Outcomes Action Team and the Milwaukee Fetal Infant Mortality Review Program. MHBP held an African American Community Strategic Planning Meeting on infant mortality and co-sponsored the March of Dimes Prematurity Summit and a town hall meeting with African American physicians in Milwaukee.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Prenatal Care Coordination		X		
2. Healthy Babies in Wisconsin initiative				X
3. Title V funded statewide projects: Wisconsin Association for Perinatal Care and Infant Death Center of Wisconsin				X
4. Federal Healthy Start Projects			X	

b. Current Activities

1. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

The Title V Program is collaborating with the DHCH to finalize revisions of the PNCC initial assessment tool and plan statewide implementation and education. The revised Pregnancy Questionnaire is a screening tool to begin the assessment process and identify women with increased risk of adverse pregnancy outcomes including premature delivery, low birth weight baby, and fetal/infant mortality. To build on PNCC services, a prenatal component was included in a Milwaukee Comprehensive Home Visiting Program.

2. Healthy Babies in Wisconsin: A Call to Action--Infrastructure Building Services--Pregnant women, mothers, infants

The Healthy Babies Action Teams continue to explore regional and racial/ethnic approaches to improve perinatal outcomes and reduce disparities in adverse pregnancy outcomes. Select activities include efforts to increase awareness of stress during pregnancy in the Western Region and a focus on tobacco cessation in the Southeast Region. The Title V program is represented on the Steering Committee.

3. Statewide Projects--Infrastructure Building Services--Pregnant women, mothers, infants

The WAPC annual conference featured major presentations on African American adolescent parents, multi-cultural perspectives on pregnancy, birth, and infant care, and perinatal depression. WAPC worked with a Healthy Babies Action Team to develop a poster entitled "A Pregnant Woman's Wish List," to increase awareness of stress during pregnancy and opportunities for community support. At the request of CDC, WAPC members will provide 3 presentations at a national Preconception Conference and submit 2 articles for publication in a Supplement on Preconception Care of the Maternal and Child Health Journal. The Infant Death Center of Wisconsin is providing support to the Healthy Babies initiative and providing education for hospital staff on the importance of consistent SIDS risk reduction messages and modeling Back to Sleep and safe sleep practices. Beginning July 1, 2005, statewide projects will continue educational efforts and support for the Healthy Babies initiative reconvene a Folic Acid Task Force, and plan pilot projects to implement evidence-based strategies to improve birth outcomes and reduce disparities.

4. Federal Healthy Start--Population-based Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program participates in the Milwaukee Healthy Beginnings Steering and Data Committees and the Milwaukee FIMR program. MHBP is a key partner in the Healthy Beginnings initiative. Services of the MHBP include outreach, education, interconceptional care, case management, links to resources, integration with other programs, and an incentive program.

c. Plan for the Coming Year

1. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program will continue to collaborate with DHCF to provide support and technical assistance for the PNCC program and providers. Outreach and quality improvement initiatives will continue to assure care coordination services are available to pregnant women at risk for adverse outcomes. A series of educational sessions will be provided to PNCC providers in Milwaukee.

2. Healthy Babies in Wisconsin: A Call to Action--Infrastructure Building Services--Pregnant women, mothers, infants

The Healthy Babies initiative will continue work to improve birth outcomes and address disparities with regional and racial/ethnic Action Teams. The Title V MCH/CSHCN Program will continue to support the initiative by: a) Participating in the Steering Committee and Action Teams, b) Funding support for related activities by Statewide Projects, and c) Collaborating with partners on projects including the March of Dimes Prematurity Campaign and Milwaukee FIMR.

3. Statewide Projects--Infrastructure Building Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program plans to continue funding statewide projects for: a) education on evidence-based practices to improve birth outcomes and reduce disparities, b) support for the Healthy Babies initiative, c) preconception education, resources and collaborative efforts, and d) pilot projects. Pilot projects will be implemented by the statewide projects in targeted areas of the state with the highest rates of African American infant mortality. The statewide Program to Improve Maternal Health and Maternal Care will provide technical assistance and resources to support healthcare providers to increase risk assessment and follow-up services for perinatal women. The Statewide Program to Improve Infant Health and Reduce Disparities in Infant Mortality will establish a pilot project that supports healthcare providers and community organizations to implement strategies to reduce the risk of SIDS and infant mortality.

4. Federal Healthy Start--Population-based Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program will continue to serve on advisory committees for the Healthy Start projects and participate in the Milwaukee FIMR program. The collaborative efforts of many partners will continue to sustain the Healthy Babies initiative.

SPM 15: *Death rate per 100,000 among youth, ages 15-19, due to motor vehicle crashes.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	NA	28.0	27.5	21.5	21.0
Annual Indicator	28.1	22.1	28.1	28.8	
Numerator	117	91	115	118	
Denominator	416,190	411,190	409,396	409,420	
Is Data Provisional or Final				Final	Provisional
	2005	2006	2007	2008	2009
Annual Performance Objective	20.5	20.0	19.5	19.5	19.5

Notes - 2002

Sources: Numerator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Deaths, 2001, Madison, Wisconsin, 2001. Denominator: Table A1. Wisconsin Bureau of Health Information, Wisconsin Population by age and sex, July 1, 2004. Wisconsin Deaths, 2001.

Notes - 2003

Sources: Numerator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Deaths, 2003, Madison, Wisconsin, 2004. Denominator: Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information. Wisconsin Interactive Statistics on Health (WISH), <http://dhfs.wisconsin.gov/wish/>, Population Module, accessed 03/01/05.

Notes - 2004

Data for 2004 are not available from the Wisconsin Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

Relationship to Priority Need(s): SPM #15 relates to Wisconsin's Priority Need-Injury and is identified as a priority in Healthiest Wisconsin 2010, the state health plan. Wisconsin's 2003 YRBS results reveal that seat belt use (always or most of the time) when riding in a car driven by someone else increased from 51% in 1993 to 69% in 2003. The frequency of riding with someone during the past 30 days who had been drinking decreased from 39% in 1993 to 30% in 2003. During the same time period, the frequency of driving after drinking alcohol during the last 30 days remained relatively unchanged (15% in 1993 vs. 14% in 2003).

Wisconsin Department of Transportation (DOT) reports current usage for seat belts in Wisconsin to be approximately 66%. It found, however, that belt use is the lowest among drivers ages 16-25 at 65.9%. This group represents 16.2% of licensed drivers and yet accounted for 29.4% of drivers involved in crashes in 2003.

1. Educational Activities--Enabling Services--Adolescents

Mock vehicle crashes and other education continued to be used to impact this measure. DPI continued to have an Alcohol Traffic Safety (ATS) Program to develop and implement K-12 prevention curricula and instructional programs to counter the problem of drinking and driving by youth which includes the relationship between highway safety and the use of alcohol and controlled substances as part of the Drivers Education Curricula.

2. Graduated Driver License (GDL)--Population-Based Services--Adolescents

Wisconsin's Graduated Driver Licensing (GDL) implemented in 2000, requires specific conditions for young drivers. According to DOT, this law was put into effect for one major reason: to save the lives of Wisconsin teen drivers. Teen drivers are over represented in traffic crashes in Wisconsin. In 2002, only 6% of all licensed drivers in Wisconsin were teens 16-19 years old, yet represent 16% of all drivers involved in crashes. DOT is reporting, based on three years of GDL restrictions (2001-03), the number of 16 year old drivers involved in a crash has decreased. Compared to the 3 years prior, 16 year old drivers were 15% less likely to be in a traffic crash of any kind, 18% less likely to be in a fatal crash, and 20% less likely to be in a nonfatal injury crash.

3. Lower standard for Blood/Breath Alcohol Concentration (BAC)--Population-Based Services--Adolescents

In July 2003, Governor Doyle signed into law a bill to lower the prohibited BAC level for Operating While Intoxicated (OWI) to 0.08% from 0.10. The law which became effective on September 30, 2003 estimates the saving of 24 lives annually on Wisconsin roads (based on U.S. DOT data).

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Educational activities		X		
2. Graduated Driver License (GDL)			X	
3. Lower standard for blood/breath alcohol concentration (BAC)			X	

b. Current Activities

1. Educational Activities--Enabling Services--Adolescents

Mock vehicle crashes and other education efforts with parents and youth occur to impact this measure.

2. Graduated Driver License (GDL)--Population-Based Services--Adolescents

An article regarding the evaluation of the GDL was published in the January 2005 issue of the Wisconsin Medical Journal.

3. Local Needs Assessments--Infrastructure Building Services--Adolescents

Working with counties regarding data requests for needs assessments and preventions continues.

4. Injury Prevention Coordinating Committee--Infrastructure Building Services--Adolescents

The Injury Prevention Program is discussing the possibility of developing a CODES Wisconsin Interactive Statistics on Health (WISH) module on the DHFS website. Development of a new crash related WISH module working with DOT is in process.

c. Plan for the Coming Year

1. Educational Activities--Enabling Services--Adolescents

In order to decrease the incidence of deaths due to motor vehicle crashes, education will continue. The new BAC level will impact this measure.

2. Graduated Driver License (GDL)--Population-Based Services--Adolescents

This will continue to be a strong method of impacting this performance measure and ongoing evaluation of this policy is being done.

3. Local Needs Assessments--Infrastructure Building Services--Adolescents

Working with counties regarding data and technical support requests related to youth motor vehicle crashes will continue. The Injury Prevention Program and DOT will continue on making motor vehicle crash data more accessible to agencies and the general public.

4. Injury Prevention Coordinating Committee--Infrastructure Building Services--Adolescents

Plans include constructing data maps related to motor vehicle crashes on the web, develop a GIS/spatial analysis using death and hospitalization data to examine incidents of motor vehicle crashes, and work on policy analysis regarding prevalence, cost, community education surrounding motor vehicle crashes among 15-19 year olds. Implementation of Health Priority: Intentional and Unintentional Injuries and Violence will continue and is ongoing.

SPM 16: *The percent of MCH clients/families who receive one or more supportive services* to enhance child health, development and/or safety.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective		NA	74	75	76
Annual Indicator		73.1	72.5	73.7	84.7
Numerator		5,438	5,811	8,802	20,374
Denominator		7,436	8,010	11,946	24,047
Is Data Provisional or Final				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	77	78	79	80	80

Notes - 2003

Source: SPHERE and MCH funded-agencies' reports for 2003.

Notes - 2004

Data for 2004 represent duplicate client counts across both categories for the numerator and denominator. Source: SPHERE reports for 2004.

a. Last Year's Accomplishments

Relationship to Priority Need(s): SPM #16 relates to Wisconsin's Priority Need-Health Access and #10-Injury.

1. Supportive Services--Enabling Services--Children, including CSHCN and their Parents

Title V funded services in the 2004 contracts, 96 LHDs and other private non-profit agencies submitted 306 objectives to provide MCH/CSHCN services. About 31% (94 objectives) were to provide supportive services to parents of children and youth to age 21 years, including children with special health care needs. For the purposes of reporting this measure, supportive and enabling services for children including CSHCN and their parents to support child health, development and/or safety include the following public health interventions during 2004.

Advocacy; Total Activities	=263 for 244 clients.
Case Management; Total Activities	=724 for 464 clients.
Health Teaching; Total Activities	=18,158 for 7,455 clients.
Referral & Follow up; Total Activities	=2,334 for 1,997 clients.
Screening; Total activities	=8,473 for 6,867 clients.
Overall Total Activities	=32,310 for 20,374 clients; 84.7% of reported MCH clients.

In the first 6-months of 2004, CSHCN parent to parent activities included the training of support parents in each of the five DPH regions. Actual matching of parents began June 1 with 144 families receiving referrals for parent to parent support services. Continued connection of parents to other support opportunities such as support groups also occurred.

2. Governor's "KidsFirst" Initiative--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CSHCN.

In May 2004, Governor Doyle announced a four-part "KidsFirst" Initiative. The four focus areas are: Ready for Success; Safe Kids; Strong Families; and Healthy Kids. This direction from the Governor provided a course for state programs to enhance supportive services for families and their children including an initiative of a universal home visiting program to connect families with services and a targeted program to prevent child abuse and neglect. The MCH program continued to provide leadership in State family support programs.

3. Governor's Call to Action Summit on Child Abuse and Neglect--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CSHCN

On April 29 and 30, an invitational summit was held to initiate planning on a State Call to Action to end child abuse and neglect. About 150 Wisconsin leaders involved in preventing child abuse and neglect, protecting children, and helping heal victimized children joined the Governor to discuss prevention strategies. Local webcasts of the event occurred May 17 through June 30 to add to the State Call to Action planning process. A preliminary report was released and six workgroups were established to formulate recommendations in the following areas: Substance Abuse, Domestic Violence, Children's Mental Health, Family Economic Success, Parent Education and Family Support Systems, and Child Sexual Abuse.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Title V funded family supportive services		X		
2. Governor's KidsFirst Initiative				X
3. Governor's Call to Action Summit on Child Abuse and Neglect Prevention				X

b. Current Activities

1. Supportive Services--Enabling Services--Children, including CSHCN and their parents

Title V funded services in the 2005 consolidated contract, 97 LHDs and other private nonprofit agencies submitted 223 objectives to provide MCH/CSHCN services. About 48% (108 objectives) were to provide supportive services to parents of children and youth to age 21 years, including children with special health care needs. Seventy-three (68%) of the services were related to child safety in the following areas: home safety assessments, safe use of child passenger systems, bicycle safety instruction, and individual or group education for parents that promote child safety.

The Parent to Parent Matching Program continues to be funded with Title V dollars to provide supportive services to parents of children with special health care needs. DHFS is currently undergoing a competitive procurement process to provide these services and a vendor is expected to be selected by July 1, 2005.

2. Governor's "KidsFirst" Initiative--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CSHCN

As part of his KidsFirst initiative, Governor Doyle supports a statewide home visiting program to first time parents. The State MCH program provides leadership for an initiative implementing a universal home visiting program to connect families with support services and an expansion of a targeted program to prevent child abuse and neglect. The MCH program continues to provide leadership and participates in action steps toward improvements for children by assuring use of best practices when implementing these family support programs.

3. Governor's Call to Action Summit on Child Abuse and Neglect--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CSHCN

During 2005 the State MCH program provides leadership and participates in the Call to Action planning process. Key leadership of the MCH program staff includes co-facilitation of the Family Support and Parent Education Workgroup consisting of 35 leaders from private and public agencies working with families throughout Wisconsin. It is expected a final Call to Action report will be available late summer 2005. This will consist of the recommendations from all six workgroups and include long term recommendations to improve the lives of children and their families in Wisconsin and prevent child abuse and neglect.

c. Plan for the Coming Year

This performance measure was not selected for continuation based on the new 5-year Title V Needs Assessment.